

AGGRESSIVE BEHAVIOUR AMONG TEENAGERS: CAUSES AND TREATMENTS

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ABSTRACT

Aggression is defined as hostile, injurious, and destructive behavior. It is not an emotion, a motive, an attitude, or a diagnosis rather aggression is a behavioral response to an internal state. It is strongly suspected that aggression is due to both genetic (biological) factors and social (learned) factors. Aggressive behavior is a product of multiple factors operating on many levels in the absence of protective factor which affects youth largely within the context of their environment and experiences. It has been found that larger the number of risk factors to which an individual is exposed, greater the probability that the individual will engage in violent or more aggressive behavior. Identifying and addressing the predictors of youth violence at appropriate points in youth development is important for prevention. The pattern of violence will perpetuate or not, depending on how clinical understanding deepens regarding the causes of aggression and how this understanding is turned into prevention, intervention, and treatment. The insight and practical suggestions that are generated will allow adolescents to make meaningful alternative choices.

KEYWORDS: Aggressive Behaviour, Causes, Teenagers and Treatments.

The teenage years are difficult to get through. Physical and emotional changes occur at a rapid pace, and the need for acceptance gains importance in a teenager's life. Hormones take over, emotions run high and every teen has to learn how to cope with the new changes. They are also learning to get along with others and discovering their own self-awareness. Learning to adapt to these changes can create anger and sometimes even aggression in some teenagers. Understanding the causes of anger and aggression may help parents, teachers and even teens themselves alleviate these symptoms.

The term aggression comes from the Latin 'aggressio', meaning attack. The Latin was itself a joining of ad- and gradi-, which meant to step or to go. The first known use dates back to 1611, in the sense of an unprovoked attack. A psychological sense of 'hostile or destructive behavior' dates back to 1912, in an English translation of the writing of Sigmund Freud. Alfred Adler had theorized about an 'aggressive drive' in 1908. Child raising experts began to refer to aggression rather than anger from the 1930s.

In psychology, "Aggression is a hostile or destructive mental attitude or behavior".

Sigmund Freud (1920) postulated that all humans possessed an aggressive drive from birth, which together with the sexual drive, contributed to personality development and found expression in behavior.

Aggression is behavior, verbal or physical, intended to physically hurt or harm in some other way another person or thing. Whether aggression is manifested by individuals or groups, it is the most destructive force in social relations and consequently an important issue. Aggression is a complex subject, not least because what one person sees as an acceptable form of expressing anger or frustration may be seen by others as a violent act. Display of aggression has now become a crucial concern and certainly deserves careful attention of both laymen and social psychologists, as people who suffer and are victimized may loose their right path and may detract themselves from mental and physical effectiveness. But "The nature of human aggression" refers to its place in the natural world. It concerns where aggression originated, and the implications of those origins for the form, development, and organization of human aggression. These issues are covered by the ethological approach to animal behavior, which is best-known as involving naturalistic observational studies of animal (and later human) behavior, to distinguish it from the laboratory experimental approach of behaviorism. In addition, ethology is distinguished from standard psychological and social science approaches by its broader theoretical orientation, which was described by Tinbergen (1963) in terms of our different types of questions that are asked in ethological studies.

Types of aggression

- Affective Aggression
- Instrumental Aggression
- · Proactive and Reactive Aggression

${\bf Aggressive\,Behavior\,In\,Teens}$

All teenagers misbehave and act out at some point during their adolescent years. When a teenager becomes hostile or deliberately acts out for the purpose of causing harm, their aggression may be an indicator of an underlying issue. Under-

standing aggression, conduct disorders and other disorders that cause aggression may help in understanding teen's actions. Aggressive behavior may sometimes feel uncontrollable, and keeps a person feeling angry and looking for ways to cause harm. It can also affect the way that an individual function in a social setting. If aggressive behavior is a problem for a person, understanding the various causes of aggressive behavior can help a person identify triggers and seek treatment for better function. There are some causes of aggression among youngsters like:

- Biological Factors
- Psychological Factors
- Behaviours that Encourage Aggressive Reactions
- Sociological Factors

Physical changes can result in anger and confusion as hormone levels begin to change in boys and girls. Skin, hair and body changes are sometimes difficult for teens to accept, thus giving them a sense of uncertainty about what is happening to them as they become youngters. Peer pressure is a struggle that many teenagers face. Not feeling wanted or accepted in a group can very hurtful, and teens may exhibit these feelings as anger or aggression. Homework overload and extracurricular demands are also areas in which teens tend to feel overwhelmed, causing frustration and anger.

Increased Risk Factors

According to the American Academy of Child and Adolescent Psychiatry, some of these factors include, being the victim of physical abuse and/or sexual abuse, exposure to violence in the home and/or community, genetic (family heredity) factors, exposure to violence in media, combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family) or brain damage from head injury.

Need To Understand The Causes Of Aggressive Behavior Of Adolescents

Adolescents learn early on in their development that there are values to being perceived as aggressive. When they are young, the "roughhousing" one might see on a playground or in a backyard allows children to develop affiliations with others, helps them select their friends, establishes their place in the natural dominance hierarchy and helps them develop what are often very useful fighting skills. This does not mean that children who engage in this behavior, whether it is physically or verbally aggressive, intend to carry out any "threats" they may make in this process of identity development. It is only when this "rough and tumble" behavior persists in pursuit of outright domination that it becomes a problem.

As children mature, their behavior becomes more intentional. Exposure to social diversity, coupled with the overwhelming need to be respected and to feel a sense of belonging in a peer group increases the intensity of rough or aggressive interaction. The competition for status that young people engage in can become increasingly vicious. The insistence on being dominant turns into bullying, which can, in turn, develop into antisocial and/or aggressive behavior. If a youth does not find an alternative means of establishing his or her social position, it is more likely that he or she will continue to use the means that have worked up to this point--aggressive behavior.

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In addition to the home, schools and the media also have significant effects on aggressive behavior. Adolescents children may have direct learning experiences, during which they themselves are involved in aggressive behavior or vicarious learning experiences, where they watch aggressive interactions of others. The mass media has had a truly profound effect on these children. Dr. Goldstein highlights three different consequences that children face after significant exposure to violent media such as television, movies, magazines, comic books and video games:

Aggression effect: when kids copycat what they see in the media and carry out self-directed violence

Victim effect: a sense of mistrust and anxiety about ones own safety and security

Bystander effect: a callousness and loss of sensitivity toward violence

Coping With Aggression

Knowing that there is hope may help to handle aggressive young child. Begin by talking to physician. It may help to decide whether family needs help coping with teenager's aggressive behaviors. Parent and family-focused therapy may be a way to assist to manage emotions and learn to deal with the conduct of adolescents. Other ways a family doctor may suggest seeking resolutions to adolescent's aggression may include family therapy, involving the whole family, social skills training that focuses on teen's ability to handle his/her own life, school-based treatment programs, cognitive-behavioral therapy or medication, states the AACAP.

Treatment Interventions

No single biological or environmental cause of aggressive behaviour in people with autism or intellectual disability has been identified. Many developmental pathways contribute to the current form of a particular person's aggression. Further, the current factors maintaining aggression may change over time. Like Applied behaviour analysis (ABA) is the natural science of observable behaviour. It focuses on observable behaviour that is public and measurable. No single psychotropic medication is specifically effective for aggression. The best sources of information in this area that practitioners can avail themselves of are publications from the International Consensus Panel on psychotropic medication in persons with intellectual disability. To work through aggressive behavior, need to identify its underlying causes. It may help to talk to someone about experiences that make person feels aggressive. In some cases, aggressive person can learn how to avoid frustrating situations by making changes to lifestyle or career. An individual can also develop strategies for coping with frustrating situations. Even doctor may recommend psychotherapy to help treat aggressive behavior. For example, cognitive behavioral therapy (CBT) can help learn how to control such behavior. It can help to develop coping mechanisms. It can also help to understand the consequences of actions. Talk therapy is another option. It can help you understand the causes of your aggression. It can also help you work through negative feelings.

In some cases, doctor may prescribe medications to treat aggressive behavior. For example, they may prescribe antiepileptic drugs (AEDs), such as phenytoin and carbamazepine. If an individual have schizophrenia, Alzheimer's, or bipolar disorder, they may prescribe mood stabilizers. They may also encourage to take omega-3 fatty acid supplements.

Treatment plan will vary, depending on the underlying causes of aggressive behavior. Speak with doctor to learn more about such condition and treatment options.

Help Aggressive Behavior Of Teenagers

The following suggestions can assist aggressive behavior children. Try those that apply to situation.

- Remember, behavior change takes time. It requires consistency and follow through.
- Be on the look out for small changes. Small steps make a difference and will lead child toward a positive outcome. Notice when things are working or positive change is occurring, however small these steps may seem.

Consistency, follow through and patience increases the chances that efforts will pay off. Try some of the following and help Aggressive Behavior Children.

- Avoid Physical Punishment: Harsh, punitive punishment is associated with aggressive behavior in children. Remember parents and other adults are role models for their children. If parents respond with aggression, their children are likely to do the same.
- 2. So be a good role model: Model appropriate emotional control and the management of angry feelings. Teach children how to express their emotions good and bad. This includes appropriate anger management techniques. Model assertiveness and appropriate problem-solving skills. Be the kind of person, hope the children will grow up to be. Parents, who are verbally or physically aggressive with each other, promote aggression in their children.

- 3. Reward Appropriate, Non-Aggressive Behaviors: When notice a child behaving in an appropriate and non-aggressive manner, notice and commend his/her behavior. Also say something about good quality. Children need to know their parents are proud of them. They also need to develop an internal sense of pride in themselves.
- 4. Behavioral Contracts and Goal Setting: Let a child know exactly what behavior is expected and what behavior is not. Work with him/her to set goals for improved behavior. Write a contract based on these goals. Develop a chart to track the child's behavior on a daily basis. Provide positive reinforcement (e.g. a special treat, outing or special time with a parent to enjoy a favorite activity or just time having fun or playing together).
- 5. Avoid Reinforcement of Aggressive Behavior: Teachers and parents may inadvertently reinforce aggressive behavior through attention. Nagging or punishing children for acting aggressively can reinforce aggressive behavior. Some children feel that any attention is better than no attention. Consequently, negative attention can reinforce aggressive behavior. Praise, even the smallest attempt at appropriate behavior. Do the best to ignore negative behavior.
- 6. Adopt a Warm, Supportive, Assertive Parenting Style: Avoid parenting patterns that contribute to aggression in children (e.g. authoritarian, controlling, harsh or coercive parenting style; permissive, overindulgent parenting style; rejecting parenting style).
- 7. Teach the Children Appropriate Behavioral Skills and Model: For example, assertiveness, problem solving and decision making skills. Aggressive behavior children also need help to develop their social and conflict resolution skills. Teach them to control their impulses so they do not lash out without considering the consequences.
- 8. Perspective taking and Reinterpretation of Situations: Aggressive behavior children often perceive or attribute hostile intent where none was intended. It often helps to encourage these children to reinterpret and consider alternative reasons for an individual's behavior. Encourage the aggressive child to take the perspective of others, including those he has hurt and those who he perceives have wronged him.
- 9. Role Play and Consider Alternatives to Aggression: Aggressive behavior children may benefit from opportunities to role play or consider alternatives to aggressive behavioral reactions. When they behave aggressively help the child to talk the problem through. Encourage them to consider alternative solutions and to engage in these the next time this occurs. Sometimes it helps to ask children, especially younger children to draw alternative solutions to the conflicts they face.
- 10. Anger Management: Talk openly with the child about emotions. Help them to express their feelings in an appropriate and healthy manner and consider appropriate ways to handle anger.
- 11. Enhance Parenting Skills: Take parenting courses, refer to relevant books, or seek professional support to help parents and other elders enhance parenting skills and move toward the kind of parenting style that works.
- 12. Eliminate underlying stresses and anxieties: These may contribute to stress and inhibit the child's ability to cope, or the parents ability effective parenting strategies.
- 13. A Brief Time Out: After the aggressive outburst provide a brief time out for both parents and the child. This can help calm both to down before to discuss the aggressive behavior with a child and decide what the consequences will be. Place the child in a quiet room or on a chair in the corner. Make sure the time out spot does not reward the child.

Adolescents often do not recognize their need for help and may project their difficulties as derived from unrealistic responses of teachers or parents. If clinicians are making a referral to a therapist they can help to anticipate with the adolescent that it is a normal reaction to balk at this type of treatment initially. Children are usually more receptive to building a trusting relationship with a therapist than adolescents. Therapists often rely on role playing and engaging game activities with children that help model how children can control their impulses.

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